

**IN THE UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA**

John J. Koresko, V,
Jeanne Bonney,
Lawrence Koresko,
PennMont Benefit Services, Inc.,
Koresko & Associates, P.C.
The Koresko Law Firm, P.C.
Plaintiffs

Civil Action

09-3152

vs

Hilda Solis, Secretary, United States
Department of Labor, Joan Roller, Assistant
Solicitor. United States Department of Labor,
Linda Henry, Assistant Solicitor,
United States Department of Labor, and
Natalie Appetta, Assistant Solicitor,
United States Department of Labor, and
Catherine Oliver Murphy, Assistant Solicitor,
United States Department of Labor, and
Donald Neely, Assistant Solicitor,
United States Department of Labor, and
Mabel Capolongo, Regional Director
Philadelphia Office United States Department
Of Labor, Fred Seigert, Investigator, United
States Department of Labor, Bindu George,
Investigator, United States Department of
Labor, Jocelyn Sweeting, Investigator, United
States Department of Labor,
Defendants

**Affidavit of Service Upon the United States Attorney
For the Eastern District of Pennsylvania**

The undersigned being duly sworn deposes and says:

1. She is an adult citizen of the United States and Commonwealth of Pennsylvania.

2. She is not a party or counsel in the above captioned matter.

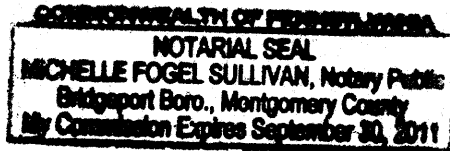
3. On July 24, 2009, the affiant served the Complaint in the above captioned case upon the United States Attorney For the Eastern District of Pennsylvania.

4. Service was made in compliance with Federal Rule of Civil Procedure 4(i).

5. Service was made by certified mail, return receipt to the Civil Process Clerk, United States Attorney's Office 615 Chestnut Street, Suite 1250, Philadelphia, Pa. 19106 and a copy of the signed and dated return receipt is attached hereto

SWORN & SUBSCRIBED:

Michelle Fogel Sullivan



August 17, 2009

Nancy Bonner

Nancy Bonner
Paralegal
200 W. Fourth St.
Bridgeport, Pa, 19405

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Civil Process Clerk United States Attorney's Office 615 Chestnut Street Suite 1250 Philadelphia, PA 19106</p>		<p>B. Received by (Printed Name) S.W. ZORIAN</p> <p>C. Date of Delivery 7/24/09</p>	
<p>2. Article Number (Transfer from service label) PS Form 3811, February 2004</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7004 1160 0003 4525 7797</p>	
		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	

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<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>Eric H. Holder, Jr. Attorney General of the United States U.S. Department of Justice 950 Pennsylvania Avenue, NW Washington, DC 20530-0001</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label) PS Form 3811, February 2004</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: 6001 36</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7004 1160 0003 4525 7803</p>	
		<p>Domestic Return Receipt</p>	
		<p>102595-02-M-1540</p>	